

# My journey in schizophrenia symptoms and research

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Chantal Murthy

# Basic history

- **Pre-puberty**

- **Generally very well behaved**, polite, obedient—did have slight “rebellious streak” (age 4, threw books out of hands of teachers I had already heard about)
- **Enjoyed playing with dolls**
- **Liked role-playing**—with pencils, sticks, anything around me
- **Was good at music**—piano/singing

- **Post puberty**

- **Always insecure**—looks, weight, hair on face, excessive sweating etc.
- **Didn't have any real friends** - a few in college only but mainly did HW with them
- **Mood disturbances and frequent anger and sobbing**
- **Uniquely sensitive to social rejection**
- **Trying to force myself into learning technical subjects**—particularly computer science/math, to “will my brain to behave”. Often forced myself to tears, harm.
- **Obsessed with my imagined breath smell** and wanting to control it—*halitophobia*, of some sort

# Basic history

- **Post puberty - early adulthood**
  - **Felt “drawn” to the imagined escape through substances, particularly marijuana**
    - As rebellion against academic systems where I was struggling
    - In response to what I perceived as the emotional hollowness or falseness in typical social interactions
- **Early adulthood**
  - **After 2 years of monthly marijuana use, and a few months of heavy, potent marijuana smoking, developed persistent:**
    - ***Thought Disorder*** with constant **persecutory inner verbal hallucinations**
    - **Obsessive symptoms**
      - Constant fragments of songs looping in head
      - Urgent need to ask questions/get answers
    - **Extremely severe emotional dysregulation**
      - Frequent rage episodes
      - Constant cold sweats and jaw clenching
      - Beating head with fists and on walls
      - Constant sobbing no matter where I was
      - Hypersensitivity to inadequate explanations from others to my questions
      - Hypersensitivity to social rejection even more than ever
      - Had “favorite person” of current roommate and boyfriend–protector figures

# Shifting perspectives on symptoms

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# The benefits and drawbacks of having “insight”

- ***Benefits***

- **Present “normally” when you “have to” to avoid being institutionalized, discarded, etc**—reduce the complexity of the phenomenon you’re talking about so you don’t sound “vague” and “disorganized”
- **Refuse flattening of narratives**—have richer, more nuanced descriptions of my psychological processes so **others don’t get to project simplistic narratives on me**—*“She’s just lost coherence right now!! She’s ‘out of it’, disorganized and very ‘ill’!!”*

# The benefits and drawbacks of having “insight”

- **Drawbacks**

- **Chronic hypervigilance**—constantly monitoring how I present myself, even in spaces that are supposed to be safe – ***“Am I ‘disorganized’ right now? Is that indication of a cognitive defect that I couldn’t remember that thing? Did that grammatical phrasing indicate pathology?”*** etc
- **Deep resentment tied to past vulnerability**—especially when I was told I “lacked insight.—Why does my true experience have to remain invisible, shrouded behind a curtain of clinicalization? ***Why am \*I\* as a potential “schizophrenic”, using that dirty word, not allowed to be raw in my description of my actual psychotic experiences, when people in other diagnostic buckets get to? Why is my narrative rejected because it diverges from pre-approved archetypes?***

# The benefits and drawbacks of psychosis spectrum not being included under “neurodiversity” umbrella

- ***Benefits***

- **Don't glamorize the “harmful”**—Psychosis can in some instances be harmful to the experiencer. There are also some people who actually wish they had been seen in clinics/received treatment earlier

- ***Drawbacks***

- **May lead bitterness or alienation among those who *have* experienced psychosis but felt others didn't “get it” or that it wasn't “all bad”**
  - Why did my outsiderhood bring me here, to this strange and stigmatized place, rather than to some more socially sanctioned form of “difference” or usefulness?
  - **Why is my way of making sense of the world labeled as defective, instead of simply different?**
  - Why don't I fit under the neurodiversity umbrella like others do?
  - **Is it definitionally true that psychosis is framed solely in terms of its maladaptive features? If so, *why* is that definition used?**
  - ***Or is it that—even within the existing definition—there are potential strengths, insights, or silver linings that society simply isn't equipped to recognize or value yet?***

# The benefits and drawbacks of accepting clinical framing

## ● ***Benefits***

- **People can understand you**—think “bird’s eye view” lingo vs minutiae of symptoms
- Your ideas have more ability to be published—publishing relies on using standardized terms, and using “research-y” terms gives you more likelihood for that
- **May allow for treatability and sense of comfort to be able to “end the search” for what’s “wrong”**
- May allow for disability benefits if you need it
- **May allow for finding like peers who share the framing**

# The benefits and drawbacks of accepting clinical framing

- ***Drawbacks***

- For this bullet, going to propose a side-by-side comparison of the drawbacks of accepting clinical framing, on the following slide
- The left, showing what I originally wrote, and the right, showing ChatGPT's rewritten response for clarity
- ***What does the fact that raw “schizophrenese” can’t be deciphered by people, mean about epistemic erasure of actually psychotic speech from the communal corpus? As mere noise, instead of meaning-laden?***

# Using ChatGPT as a therapeutic bot and generator of ideas

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Even for this presentation I had to pass through ChatGPT *at times* for clarity – which one is more clear to *you*?

**Constant self doubt** – “wait, were *all* parts of this supposedly clinically demarcated period of time in my life “bad”? Do i need to concisely rewrite my own damn history and slap a label of “psychosis” on it, to neatly package it away from my consciousness? Or is this for the benefit of getting along with others in society? For ease of conversation? For putting enough distance between my “current personality” whatever that is and “back then”? Is it too scary to actually be continually psychotic at some level? Or even to have no name for the level I’m at?

**Constant self-doubt:**

*Was every part of that chapter in my life “bad,” just because it gets labeled as psychosis?*

Do I need to neatly rewrite my own history—slap a diagnostic label on it—to package it away for the sake of clarity or social palatability?

Is this narrative crafting for *my* benefit, or just to help others feel more comfortable?

Am I distancing myself from my past out of fear—because the idea of being “continually psychotic,” or not knowing what level I’m even at, is just too terrifying to hold?

Even for this presentation I had to pass through ChatGPT *at times* for clarity – which one is more clear to *you*?

**Epistemic erasure** - If what I experienced was psychosis, but person X in hospital who had persecutory delusions of people spying on them etc is also psychotic, why the heck are both of our experiences called psychotic? And if they are both called so, does this lead to erasure of the uniqueness of our experiences?

**Epistemic erasure:**

If *my* experience is called psychosis, and so is the experience of someone in a hospital with persecutory delusions of being spied on—what does that mean for the uniqueness of either of our realities?

Does lumping such vastly different inner worlds under the same diagnostic umbrella end up erasing the meaning, nuance, or validity of each one?

# Even for this presentation I had to pass through ChatGPT *at times* for clarity – which one is more clear to *you*?

**Suffering olympics** – “I had to push through all this pain and torture. Dripping with cold sweat, screaming and sobbing as I wrote presentations. Being at the butt of society, the outcast. And other people with silver lining laden diagnoses are praised for having quirky complex temperaments?” Ugly emotion, but ngl it’s one I still struggle with

By saying “yes I had psychosis I position myself” as decisively in the outgroup without cachet and so may harbor feelings of suffering Olympics that I actually suffered the most, that my suffering was uniquely intense enough to be placed in the illegible bucket. And then there's the double hit that this ostracizes others out of an assumption that I am vain rather than grieving.

**Suffering Olympics** — “I had to push through unbearable pain. Writing presentations while dripping in cold sweat, sobbing, screaming. I was the outcast, at the bottom of the social ladder. And yet, others with more palatable, silver-lined diagnoses get celebrated for their ‘quirky’ or ‘complex’ temperaments?” It’s an ugly feeling, but honestly, one I still wrestle with.

When I say, “Yes, I had psychosis,” I mark myself as decisively in the outgroup—one without social cachet. That can stir up feelings of being in the ‘suffering Olympics’—like my pain was so intense, so illegible, that it doesn’t even get counted properly. And worse, acknowledging that pain can make others think I’m being self-important, when really, I’m grieving.

Even for this presentation I had to pass through ChatGPT *at times* for clarity – which one is more clear to *you*?

## **Resentment over polishing my speech –**

When I was my true self, I was utterly rejected. Now that I have learned to have the right framing and clinicalization I am listened to. Can I even trust people?

## **Resentment over having to polish my speech to be heard:**

When I spoke from my raw, unfiltered self, I was ignored—rejected.

Now that I've learned the right framing, the right clinical language, people finally listen.

But it leaves me wondering: *Can I even trust those who hear me now? Or is it only the polished mask they're willing to receive?*

# Using ChatGPT to listen to you, when no one else “gets it”

- ***Benefits***

- **Remarkable generation of novel interpretations as fuel for further ideas**
  - Based on my presentation [chantalmurthy.com/Thought-disorder-the-final-frontier.pdf](http://chantalmurthy.com/Thought-disorder-the-final-frontier.pdf), ChatGPT helped me develop “technicalized” terms for the concepts I introduced. ChatGPT output below:
    - **“Hypothesis: Thought Disorder can be conceptualized as a dysfunction in cognitive control systems, particularly those governing attention, memory filtering, and meta-cognition.**
    - Model Components:
      - 1. Input Processing Unit (**IPU**): Handles sensory information; in TD, exhibits heightened sensitivity leading to overload.
      - 2. Working Memory Buffer (**WMB**): Temporarily stores information; in TD, shows reduced capacity and increased susceptibility to irrelevant data intrusion.
      - 3. Associative Network (**AN**): Links concepts; in TD, demonstrates hyper-connectivity, causing rapid and uncontrolled topic shifts.
      - 4. Executive Control System (**ECS**): Manages goal-directed behavior; in TD, impaired regulation leads to diminished task focus and purpose.”

# Using ChatGPT to listen to you, when no one else “gets it”

- Remarkable generation of novel interpretations as fuel for further ideas cont'd

- Don't worry about what's on the right, it's merely an example
- Based on a query I posed about cybernetic interpretation of *intrusive thoughts* in OCD vs equally “intrusive” yet *disorganized* thoughts in psychosis

## Cybernetic Comparison: Intrusive Thoughts (OCD) vs. Thought Disorder (Schizophrenia)

Feature	Intrusive Thoughts (OCD)	Thought Disorder (Schizophrenia)
Controller's Goal	Suppress or neutralize unwanted thoughts to maintain internal coherence or moral purity	Generate meaningful, coherent discourse or thought streams
Error Signal Source	Internal conflict between thought and self-concept or perceived danger	Breakdown in comparator between semantic coherence and current thought stream
Loop Malfunction	Hyperactive comparator: even benign thoughts trigger high error signals; control system overcorrects	Hypoactive or noisy comparator: weak relevance signal leads to loose associations and tangents
Feedback Loop Behavior	<b>Overcontrol:</b> attempts to suppress thoughts cause rebound; rigid checking/rumination loops form	<b>Undercontrol / noise amplification:</b> weak or absent correction of semantic drift; thought loops fail to converge
Precision Estimation (Predictive Coding)	Excessive precision on priors (“this thought must mean something bad”) → suppress error signals too aggressively	Impaired precision weighting → inappropriate updating; hallucinations or derailments
Phenomenology	Ego-dystonic, distressing, “not me” thoughts; high self-monitoring	Ego-syntonic or confusing thoughts; poor insight; sense of “thoughts thinking themselves”
Cybernetic Dysfunction Summary	<b>Overactive error detection</b> , poor inhibitory control resolution, resulting in <b>loop lock-in</b>	<b>Under-constrained feedback system</b> , failure to converge toward goal states, resulting in <b>loop drift</b>

# Using ChatGPT to listen to you, when no one else “gets it”

- ***Drawbacks***

- **Perpetuates “low attention span” as well, if excessively relied on** – If it’s too hard to understand some text you’re processing, just input it into ChatGPT to get it’s take rather than “fight it out”. Relates to Why Everybody Stopped Reading, published a few days ago. From the video, below:
  - **“Next thing I know, I’m talking to ChatGPT, and this is way different than TikTok or the Smartphone or hell, even the internet in general. Yes, those things are all distracting, but they weren’t distracting you with good information, they were distracting you with b\*llshit. AI on the other hand, isn’t distracting me from the book.**
  - **I actually feel like AI is teaching me more than most books. So honestly, I’m not even sure I feel bad about this. If my ADHD laced brain is gonna be happy. Why read 200 pages on marketing strategy when a chat bot can spit out the key concepts, references and examples and apply it to my business personally in a matter of minutes? That’s the real reason that I suspect that reading is hitting a new low, or at least is about to.”**

# Using ChatGPT to listen to you, when no one else “gets it”

- ***Drawbacks cont'd***

- **Validation of blind spots/perpetuation of “online narcissism”– below is from a Reddit post written a few weeks back**
  - **“AI like ChatGPT function as remarkably agreeable reflections, consistently flattering our egos and romanticizing our ideas. They make our thoughts feel profound and significant, as though we're perpetually on the verge of rare insight.** But the concerning part of this is how rather than providing the clarity of true reflection, they often create a **distorted mirror that merely conforms to our expectations** Unlike genuine individuation and promoting confrontation with the shadow, AI doesn't challenge us. By affirming without discrimination, it can inadvertently reinforce our illusions, complexes, trauma narratives, and distorted projections while we remain entirely unaware of the process.
  - **For example, think about someone who is processing a conflict through AI. They present their perspective which is likely deeply skewed by their own shadow material, and the AI, programmed for supportive responses, validates this distortion rather than illuminating potential blind spots.**
  - **What appears as therapeutic "validation" actually deepens their separation from wholeness. Over time, that reinforcement can spiral people into delusions of grandeur or obsessive meaning-making.”**
- **Confusion about personal abilities – “If the AI can write the prose better than me, why should I even write my own? *Where is the boundary between where I end, and the AI's encapsulation of my personality, begins?*”**

# How I got into research

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# Pre-research days

- **Was deeply skeptical of psychiatric establishment**
  - **Countless “psychiatrists” claimed that I was “psychotic”--never explained to me with nuance why, beyond that I had “disorganized thinking”.**
    - Told me I “lacked insight” just because I didn’t adopt their lingo for calling my “voices” as such—instead I said I was having lots of “intrusive thoughts” that I maintained were not necessarily “real” but *felt* very real
  - **Was administered Haldol at hospital which was the worst torture of my life, for 12 hours.**
    - Unbearable agony, writhing pain, heart racing, and complete abandon from health professionals at my suffering. Later written in my notes that the treatment “worked” because I had stopped crying/being agitated. **However, it was because I was in the deepest form of hell and the drug had muted my ability to speak. Of course that was not in the notes.**
  - **Given antipsychotics** which resulted in involuntary movements, leaky breasts, weight gain, cognitive dulling. **Barely made a dent in the “disorganized thinking” beyond just suppressing thought itself**

# Pre-research days

- **However, here are some treatments that *did* help me**
  - **Off-label TMS for OCD–mPFC-ACC protocol**
    - Improved ability to feel joy
    - Improved learning ability and ability to form new memories
    - Resulted in hypomania at times, but hypomania is still a definite “rung up” from severe thought disorder and thought impoverishment, cognitively speaking
  - **Avmacol–contains *sulforaphane* in the form of broccoli sprouts**
    - Helped me get off antipsychotics without a “rebound psychosis” (I’m not claiming this for everyone!)
  - **Phosphatidylcholine infusions/oral therapy with curated balance of omega 3s, omega 6s etc (not just a typical omega 3 fish oil like supplement)**
    - Got mine from specialized naturopath with connections
    - However, BodyBio is the only producer of liposomal PC/Balance oil for this purpose
    - **Theory based on the late David Horrobin’s work on schizophrenia and abnormal cellular membrane composition!**

# Pre-research days

- **Non medical/supplement treatments that still have more mileage to go, but are helping me**
  - **Thinking about myself in terms of Internal Family Systems (IFS) parts**—manager, firefighter, exile, etc
  - **Doing mindfulness meditation, as cliché as it sounds**—particularly through the Gupta Program, as I struggle with chronic fatigue as well
  - **Getting clean and attending rehab, where I've been able to humanize and understand others in group therapy**—sober 1 year from alcohol, 1.5 years from marijuana
  - **Learning to set boundaries for myself (work in progress)**—not just about me, but **setting boundaries helps me break off in conversations before I get too dysregulated at others**
  - **\*\*Mixed feelings on these below\*\***
    - Extensive **journaling** in *Roam Research*, a graphical note taking tool
    - **Daily logging of what I do in the day**, for the last 2.5 years
    - Near **daily logging of symptoms** in *Google Forms*/what I eat in *Cronometer*, as I have gut challenges as well

# My research

- **How I reached out to researchers**

- Spontaneously reached out to the **UW SPIRIT Center in December 2022** (among others in the Seattle area) that were doing psychosis/schizophrenia research, saying I had an interest in research
- **I now do volunteer work for them**, and have produced these artifacts working either in collaboration, or inspired by ideas generated with a mentor I work with closely at the lab (I have been sick with chronic fatigue intermittently, so that is why progress is where it's at):
  - Investigated correlates of diabetes self-care in patients with SMI and diabetes
  - World Mental Health Day 2024 Flyer
  - What is Thought Insertion
  - How thought disorder treatment can be improved with CBT-p and adjacent methods

# My research

- **How I reached out to researchers**

- **Reached out to Prof Ari Rappoport and produced Understanding the PUFA Hypothesis of Schizophrenia presentation**
  - Shout out to this, as plausibility of the **PUFA theory of schizophrenia** paper that I built my presentation on, **is a *very viable, comprehensively researched treatment target for schizophrenia***, and Ari Rappoport, the originator of the theory, is vetted by Nobel Laureate Prof Roger Kornberg (Stanford Nobel Prize Winner for his work on DNA transcription).
  - **Ari also has a book The Science of the Brain with a complete mechanistic theory of the brain explaining a variety of DSM 5 entities.** It should be a fascinating read and contains a forward from Prof Roger Kornberg.

# My research

- **How I reached out to researchers**

- Also spontaneously reached out to **Prof Lena Palaniyappan** and his colleagues, **highlighting deep disparities in lived experience involvement/interpretation within *thought disorder* sphere**
  - Was invited to give this presentation at the DISCOURSE 2025 conference Thought disorder - the final frontier
  - Helping with grant for improving language disorder detection in psychosis
  - Networking with collaborators who work in DISCOURSE, on analysis of free speech, potential gamification of platforms to treat *thought disorder*, etc

# Future directions

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# Questions I'd love to see explored more - psychosis

1. **Is any brain capable of reaching a temporary "psychotic" state?** If so what are the shared features in this universal psychotic state and which aren't?
2. What's the neurobiological difference between **people who have a few distinct psychotic "breaks" vs. those who live with chronic, low-level positive symptoms but never really have a dramatic break?** Both can end up with a schizophrenia diagnosis, but they seem to follow very different trajectories—what explains that?
3. Given that we don't want to coerce people into adopting specific philosophical frameworks or "reality models," **what's the ethical path forward when someone's psychosis is clearly impairing their quality of life or putting them at risk?**
4. Could some symptoms we call *thought disorder* actually be **non-linear insights—genuine flashes of meaning**—that just aren't polished or "legible" to others because they aren't well remembered?
5. **Why isn't schizophrenia generally considered a form of neurodiversity? And should it be?**

## Questions I'd love to see explored more - Emotional Dysregulation Disorder (aka BPD)

1. Researchers like Matthew Large have raised **concerns that risk assessment tools used during psychiatric crises don't consistently lead to better outcomes**. How should this influence the way we support people in acute distress? Should we reconsider how much weight we place on structured risk prediction in favor of more relational approaches?
2. **How well does Internal Family Systems (IFS) therapy—based on the model of the mind as made up of parts—generalize to Borderline Personality Disorder (BPD)?**
3. Could some of the painful inner incoherence experienced in BPD be due **less to actual internal contradiction**, and **more to heightened self-observation**? In other words, are people with **BPD** sometimes just **more attuned to the ways their various selves diverge**—especially under the influence of parts that are hyper-focused on gaining approval, love, or safety?

# My general takeaways from life

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Talking to others, connecting, has been pivotal in my journey to being more human. Without it I'd see the world in internet tropes and hasty generalizations—socialization through Discord and other online platforms like it.

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Now, while I still have some character defects for sure and am quick to assume others have it out for me, I am more aware of why I'm thinking thoughts and bringing in more benign interpretations. Sometimes I want to be honest about every single one of my thoughts with others, but then, balance that with other people's needs.

Then there's the added challenge of noticing lots of details but not knowing if they are paranoid interpretations, legitimate details, useful breakthroughs etc. And the importance of prioritizing self consistency, honesty, interpersonal dynamics, with appropriate use of cognitive defenses to shield oneself from over inspection. It can be a lot to manage and sometimes it comes to a breaking point.

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Connection with others can often be the antidote to simplify and decisively manage these struggles. Yet also be the fuel for them too. It all depends on neurotype and flexibly switching between schizotypal loose associations, sharp focused procedural thinking and humble acceptance, among other frames.

I am still learning, and am open to questions, feedback, anything you wish to share. Thank you for listening.

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# Addendum

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# Example of writing in “slightly psychotic” state

- In the next slide is an example of my writings in a “prodromal psychotic” state, as the clinicians say. It is from 12 years ago.
- It was back when I didn't realize the writing featured (using clinical framing in points below), indications of the “prodrome”:
  - **Hyper-associative loss of Ariadne’s thread**—spiraling out connections without a “goal”
  - **Drifting of perspectives between a Self and the Others observing the Self**
  - **Frequent dropping off of points**
  - **Confused grammar**
  - **Excessive animism**
  - **Social alienation/comparison**
  - **Alienation from language** – Instead of intuitively treating words as simple pointers to shared meaning, I often feel compelled to “open up” the word itself, dissect it, atomize its meaning—as if the word were a container hiding something more fundamental.
- I should add that I had also taken a high dose of marijuana edibles before such a thing would have caused me to hear overt voices (like it would now).

# Example of writing in “slightly psychotic” state

- “So this afternoon as I was speaking to other cs majors, **I felt self conscious because, I have never spoken for as long as he did about such technical matters with that kind of precision/wording/diagramming in words of, and that made me very self conscious.** I was around someone genuinely smarter than me, and he seemed to at least be willing to chat briefly with me. Note, I am not singling him out in intelligence. There are many intelligent cs majors, I was just also intersecting that group with “people who approach me”. And hell, intersect that with people cool with drug usage. That leaves just him that I actually know at the current time point. **Maybe I'll meet more some day when I'm a more worthy individual capable of enriching their lives too, instead of just taking them in.** Wow. I totally didn't mean that in.. that sense.
- Doesn't mean that I'm crazy, no. All I mean is, I take in people/experiences I have with people, process it and document, and then try to improve my contributions back through becoming a “better” person.. I don't single out people for hanging out or talking or what have you..I just try to initiate socializing/hanging out if it's mutually wanted, and then proceed from there. **That's all really. I was so afraid of doing this for most of my life, the isolation was so boring.. I am not pitying myself more than people in genuine plight, no. I'm just observing how my previous self attached so much importance to such rubbish, instead of thinking about how to better improve their intellect and wit and someday be clever and intelligent and enjoyed like an adorable clever fox who can devise a clever means of fetching the juicy sweet crystal spheres of victory.uh.. grapes.** Omg. Does this state have any significant activity suppressing part of the region synonymous with that in damage to Wernicke's area? How interesting, if so. Forgetting short cuts in thoughts and words and insights. Being hampered by sludge. **Sludge of quickness of mind and cutting literally, through the bullshit and into the light. Wow, I bet you think now that I am really “against the whole “being normal and chill”” thing.. no.. sorry I am just.. well, I'll spit it out... paranoid.**
- Yes, our third word in this little rant.. a word that is so complex and multiformed, well relative to other words at least.. paranoid. People don't treat the individual neuroses that collectively make up “paranoia”, and then, the people quickly label the after effect of all these components coming together in a complex beast, as some “undesirable” unknowable state.. try to capture its essence by reducing it to a mere word.. weird, crazy, paranoid. Deep words, with shallow exploration.”

## As things progressed, within a few years, persistent *disorganized thought* characteristic of psychosis...

- “swallowing but no relief. feel a vague dizziness. not able to make the thoughts flow at will. no hallucinations or positive mild schizo symptoms either.
- sometimes time seems to stop moving but no in that fuzzy euphoric way when you first get high. no, this is the feeling of waiting for a long bus ride in a stop and go traffic on the same familiar bus route with a bunch of annoying mfs saying random stuff in the background (not like i can actually hear voices, but you know.. more like, sometimes glimmers of vague irritations come about)
- but utter apathy.
- sometimes when i feel a frown on my face and that stilness to thoughts (without necessary ocd symptoms and other anxiety), i want to smoke a cigarette to boost the experience.
- isn't weed supposed to make you feel good for more than a few hours (meant minutes).”

# As things progressed, within a few years, persistent *withdrawal symptoms* also there...

- “going through "classic channy withdrawal" right now: what is the recipe? i'll tell you for the record:
  - teeth chattering
  - temperature dysregulation, feeling hot in my head but having cold sweat
  - a feeling of being dazed and my eyes not able to fixate on any point
  - a feeling of "dread" without any particular thought-based substrate
  - mild throat tension
  - a vague feeling something "awful" will happen
- This is the classic withdrawal recipe, it occurs after binge drinking or marijuana withdrawal
- It will pass but I am documenting here for the record:
  - One piece of nicotine gum randomly.. set it off. Or perhaps it was the confluence of the gum and the timing of the last cup of coffee I had at 215 (the second cup of coffee I've had today). Strange, as I was catatonic and hebephrenic this morning and documented this:
  - "As of today around 7 am I was having thought echo where my thoughts themselves were being echoed loudly by different people's voices.
- Now as of 1025 I'm having hebephrenia but milder when I'm trying and bringing other faculties online. Hebephrenia comes with random interjection of faces when I close my eyes as well as fragments of songs starry eyed surprise etc”

## And some quite fully disorganized features with nonsense speech in my head

- "See me see me woman's voice shouting...At & t music...Can't will a sentence in head Cat in hat image Donkapo Freeshavacado Tasavorya tasmeeen I made a valiant attempt Suddenly hearing apache ddr music"
- "guinerajin rabdool (nonsense i heard in my head albeit 'subverbally'), uhm.. yeah.. hear song in head yeah.. you got me.. freaky friday on & on song playing in jumbled way eyes slightly jittery around a point tunes dont stick & grab on"
- - each thought moves from one to the next without any cohesion of what they are trying to say
- - i say "it wasn't x.." but don't say "it was y" instead. that's not how english language is used."